

The structure of the appendix is similar to that of the large intestine; from without inwards are to be found the peritoneal investment, long, smooth, muscular fibres, circular fibres, then a tolerably thick layer of cellular tissue with arterial openings and lymphatic depressions, then a mucous coat, doubled with a thin "muscularis mucosæ," and lined with cylindrical epithelium. The appendix is composed of glandular tissue which is found in spots of flat or round follicles.

Clado has had opportunity to study the appendix from the third month of intra-uterine life, in a state of health and immediately after death. He has invariably found in the appendix the common "bacterium coli." He has likewise met with it in three cases of appendicitis. This affection is, according to our author, an inflammation of the glands leading up to an intra-appendicular abscess. This is possibly the outcome of a microbial migration demonstrated in one case through the wall or a perforation.

The frequency of perforation at the extremity of the appendix is explained by a difference of structure at this point. When the appendix folded under the cœcum is diseased by abscess the lesion can be taken for a typhilitis or a perityphilitis. Finally the lymphatics of the appendiculo-ovarian ligament favor the propagation of inflammations of the large ligament to the iliac fossa.

Clado regards the appendix in the light of a gland rather than as an organ of absorption. Retterer, who has made as many researches on this subject as Clado, likens the appendix to a tonsil.—*Revue de Chirurgie*, 1892, March.

GEORGE RYERSON FOWLER (Brooklyn).

NERVOUS AND VASCULAR SYSTEMS.

I. Resection of the Obturator Nerve for the Relief of Contractures of Central Origin. By Dr. CARL LAUENSTEIN (Hamburg). L. details the case of a patient suffering from chronic myelitis. In addition to a severe cystitis, a contracted condition of the adductors of the thigh was the occasion of severe suffering. The knees were forced together so powerfully that it was found

almost impossible to separate the thighs. As but slight or no hope of the recovery from the myelitis existed, L. sought to relieve the patient of her sufferings resulting from the contracture of the adductors by a resection of both obturator nerves. The operation was entirely successful in fulfilling its object. Besides relieving the pressure of the knees upon each other, the separation of the thighs permitted proper treatment by irrigation, etc., of the bladder affection.

The following method of procedure is recommended: A longitudinal incision is made parallel with and to the inner side of the trunk of the saphenous vein, upon the anterior surface of the thigh, extending from the pubic tubercle downwards. The skin, cellular tissues and fascia being separated the external edge of the long adductor is brought into view and identified by its thick belly. On the outer side of the long adductor the pectineus is observed, passing in obliquely from above and toward the median line downwards and outwards. Separation of the pectineus in the direction of its fibres reveals the obturator muscle, and under the thin fascia of the latter the fan like diverging branches of the obturator nerve, passing from above and outwards in a direction downwards and inwards, almost at right angles to the course of the pectineus fibres, are found. A blunt retractor, deeply placed, making strong traction upon the external edge of the wound will enable the operator to identify the trunk of the nerve, which may be grasped and secured by means of a silk ligature. As much of the nerve as may be desired may now be removed by means of the scissors. The accompanying vessels can be protected without difficulty while the nerve is being isolated.—*Centbl. f. Chirg.*, 1892, Vol. xix., No. 2.

HEAD AND NECK.

I. Lumbar puncture for relief of Hydrocephalus. By Dr. QUINCKE. Q. performed puncture of the subarachnoid space in the lumbar region in ten cases, histories of nine of which are given. The operation was suggested by the possible existence of increased pressure of fluid in the cerebro-spinal cavity. The height of pressure, in cases of children operated upon in this manner, was from 70 to 470